

MENTAL HEALTH SUPPORTS FOR CHILDREN

	Iowa Plan (Magellan) IAC 441-88.61(249A) to 441-88.75(249A)	Habilitation Services IAC 441-78.27(249A)	Remedial Service Program (RSP) IAC 441-78.12(249A)	Children's Mental Health (CMH) Waiver IAC 441-78.52(249A)
Program Manager	Steve Johnson (515) 273-5010	Don Gookin (515) 725-1141	Sally Nadolsky (515) 725-1142	Lin Christensen (515) 725-1151
Age Limit	0-65	Primarily adults	All Ages	0-18
Description of Population Served	Children and adults enrolled in the Iowa Plan through Medicaid	Iowans with chronic mental illnesses	Medicaid members with a diagnosed psychological disorder	Children diagnosed with a serious emotional disturbance
TCM Program Oversight		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Determination of Financial Eligibility	DHS Income Maintenance	DHS Income Maintenance	DHS Income Maintenance	DHS Income Maintenance
Assessment Completion	Generally all Medicaid enrollees are eligible for Iowa Plan	TCM	LPHA	TCM
Determination of Level of Care Eligibility	Some services require prior authorization via Magellan	IME-Medical Services	IME- Medical Services	IME-Medical Services
Programs/Services	Mental Health (MH) and Substance Abuse (SA) Services <ul style="list-style-type: none"> ▪ Outpatient Services ▪ Intensive Outpatient and Partial Hospitalization ▪ Residential (SA only) ▪ Inpatient Hospitalization ▪ Medically Managed Intensive Inpatient (SA only) ▪ Detoxification (SA only) ▪ PMIC Substance Abuse Treatment ▪ Emergency Room Services ▪ Ambulance Services ▪ Intake, Assessment, Evaluation and Diagnostic Services ▪ Day Treatment ▪ Sub-Acute Services (MH only) ▪ Medication Management ▪ Psychiatric Home Health Nursing ▪ Mobile Crisis/Counseling ▪ Psychiatric Rehabilitation (Adult) ▪ Assertive Community Treatment (Adult) ▪ Peer Support (Adult) ▪ Community Support Services (Adult) 	<ul style="list-style-type: none"> ▪ Home Based Habilitation ▪ Day Habilitation ▪ Prevocational Habilitation ▪ Supported Employment Habilitation ▪ Case Management (Provided as a service for members who are not otherwise eligible for Medicaid TCM under 441-Ch. 90) 	<ul style="list-style-type: none"> ▪ Community Psychiatric Supportive Treatment (Children 0-20) ▪ Crisis Intervention (Children 0-20) ▪ Health or Behavior Intervention (Children 0-20) ▪ Rehabilitation Program (Adults 18 & over) ▪ Skills Training and Development (Adults 18 & over) 	<ul style="list-style-type: none"> ▪ Environmental Modifications, Adaptive Devices & Therapeutic Resources ▪ Family & Community Supports ▪ In-Home Family Therapy ▪ Respite
Type of Program	Managed Care	State Plan Service	State Plan Service	Medicaid Waiver
For More Information	<ul style="list-style-type: none"> ▪ www.MagellanHealth.com ▪ 1-800-638-8820 (providers) ▪ 1-800-317-3738 (clients and families) 	<ul style="list-style-type: none"> ▪ www.ime.state.ia.us/HCBS/HabilitationServices/Info.html 	<ul style="list-style-type: none"> ▪ www.dhs.state.ia.us/Remedial_Services/Remedial_Services_Intro.html 	<ul style="list-style-type: none"> ▪ www.dhs.iowa.gov/rts/CMH.htm